

Central Scarring Liver Masses: High-Yield Comparison Note

❖ FOCAL NODULAR HYPERPLASIA (FNH)

- **Clinical Profile:** Young adults (female predominance, but also seen in males), benign.
- **T2 Scar:** HYPERINTENSE (BRIGHT) — The scar is not true fibrosis; it is a viable stroma rich in vascular, edematous, and ductular elements.
- **T1 Scar:** Hypointense (Dark)
- **Diffusion (DWI / ADC):** NO restriction (Isointense to parenchyma)
- **Dynamic Contrast:** Homogeneous hyperenhancement in the arterial phase. The scar demonstrates delayed enhancement in late phases.
- **Primovist (20th min):** HYPERINTENSE / ISOINTENSE (Hepatocyte function preserved)

● FIBROLAMELLAR HCC (FL-HCC)

- **Clinical Profile:** Young patients (10–35 years), non-cirrhotic liver, malignant.
- **T2 Scar:** HYPOINTENSE (DARK) — The scar consists of dense collagenized fibrosis and calcification.
- **T1 Scar:** Hypointense (Dark)
- **Diffusion (DWI / ADC):** Significant RESTRICTION PRESENT (Hyperintense on DWI, Hypointense on ADC)
- **Dynamic Contrast:** Heterogeneous arterial enhancement + Washout in venous/delayed phase
- **Primovist (20th min):** HYPOINTENSE / DARK (Lack of hepatocyte function)



QUICK SUMMARY:

- **FNH Scar:** Edematous/Viable → T2 Hyperintense | Primovist Uptake Present | Normal Diffusion
- **FL-HCC Scar:** Dense/Fibrotic → T2 Hypointense | Washout Present | Restricted Diffusion